s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000488403</u>			
<b>2. Exact Name of the Limited Liability Company</b> <u>GREENWICH INSURANCE ASSOCIATES,</u> <u>LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>524210</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
INSURANCE SALES			
5. Principal Office Address			
	MAIN STREET ST GREENWICH State: H	<u>RI</u> Zip: <u>02818</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:   No. and Street: 631 MAIN STREET   City or Town: EAST GREENWICH   State: RI   Zip: 02818   Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WILLIAM J COMBIES 631 MAIN STREET EAST GREENWICH , RI 02818

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 11 Day of October, 2017 at 2:22:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>WILLAIM J COMBIES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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